Edgar Filing: Golub Eugene - Form 4

| Golub Eugene Form 4 | 2 | | | | | | | | | | |
|--|---------------------------|---|---|---|---|------------------|--|--|------------------------|---|--|
| July 08, 2009 | | | | | | | | | | | |
| FORM | 4 | | | | | | | | | PPROVAL | |
| Washin | | | | | TIES AND EXCHANGE COMMISSIO ington, D.C. 20549 | | | | | 3235-0287 | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct | Filed p snue. STATE | TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, tion 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | burden hou response | Estimated average burden hours per response 0.8 | |
| 1(b). | | | | | | | | | | | |
| (Print or Type Re | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Golub Eugene | | | 2. Issuer Name and Ticker or Trading Symbol KITE REALTY GROUP TRUST [KRG] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) C/O KITE REALTY GROUP TRUST, 30 SOUTH MERIDIAN STREET, SUITE 1100 | | | 3. Date of Earliest Transaction(Month/Day/Year)07/01/2009 | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| INDIANAPO | DLIS, IN 4620 | 4 | | | | | | | More than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Dee Execution any (Month/Day/Year) | | | | 4. Securi onAcquired Disposed (Instr. 3, | l (A) o l of (D 4 and |) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Shares | 07/01/2009 | | | А | 2,140 | A | \$0 | 23,788.93 | D | | |
| Common Shares | | | | | | | | 41,400 | Ι | By Trust | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: Golub Eugene - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

<u>**</u>Signature of Reporting Person

| Reporting Owner Name / Address | | Relationships | | | | | |
|--|---------|---------------|-----------|---------|-------|--|--|
| | | Director | 10% Owner | Officer | Other | | |
| Golub Eugene C/O KITE REALTY GROUP TRUST 30 SOUTH MERIDIAN STREET, SUI INDIANAPOLIS, IN 46204 | TE 1100 | Х | | | | | |
| Signatures | | | | | | | |
| John A. Kite, Attorney-in-Fact 07/0 |)8/2009 | | | | | | |

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.